



Savannah Collection











Please choose a pseudonym for your profile: **Ana Carol Prado**

Date of Birth: **March- 18 -1991**

Height: **173cm**

Weight (lbs): **57kg**

Hair Color: **brown**

Eye Color: **brown**

Ethnic Origin: **Italian**

Maternal Heritage: **Italian**

Paternal Heritage: **Italian**

Blood Type: **O+**

Highest Level of education

College Major DEGREE IN MARKETING

What was your college GPA? **ANHEMBI MORUMBI UNIVERSITTY**

What college(s) or university(ies) have you attended?

ACTUALLY im studying International Business on Anhembi Morumbi University

Do you have any artistic abilities? Please List:

No

Do you have any athletic abilities? Please list:

Ski and rollerblade

What is you current occupation?

Executtive Assistant for CEO on Private Equity in São Paulo

Please describe your personality:

Im very carefully , calm and friendly .

Do you wear or have you worn eyeglasses? If yes, at what age did you start wearing them?

NO

Have you worn braces?

NO

Why do you want to become a donor?

Because I think is a honor to help other people

Being a donor is a big responsibility. It requires going to several doctor's appointments, taking injections and having minor out-patient surgery. Do you feel prepared to commit to this process?

YES

Are you open to being matched with all types of families regardless of sexual preference, marital status, ethnicity or sex of the egg recipient?

If no, please explain.

YES

If they request it, are you willing to meet your intended parents?

YES

Are you open to meeting the child in the future if that is requested?

NO

Are you open to exchanging future contact information with your intended Parents(s)?

NO

Where did you grow up?

IN SÃO PAULO BRAZIL

Do you have any siblings? If so, tell us about each of them:

Yes, one. She has 21 years old. Very smart, beautiful and friendly.

Do you have any children? If so, tell us about each of them:

NO

Personal Health History

Any past or current medical problems (including surgeries, accidents, birth defects, depression, etc.)? If yes, please list:

No

Do you drink alcohol? If yes, how many drinks per week?

once a week

Have you ever been pregnant? If yes, how many times and what was the out-come?

NO

Have you ever been a donor before? If yes, did a pregnancy occur?

NO

Are you currently taking any medication (for physical or mental health)? If yes, what medications are you on and why?

NO

Are you taking any recreational drugs? If yes, what are you taking?

NO

Do you smoke?

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/ Medication	Age at the time of passing
Cancer	Yes No	NO	Yes No	NO	NO
Mental Retardation	Yes No	NO	Yes No	NO	NO
Autism / Asperger's	Yes No	NO	Yes No	NO	NO
Physical Malformation	Yes No	NO	Yes No	NO	NO
Paralysis or crippling disorders	Yes No	NO	Yes No	NO	NO
Alcohol or Drug Addiction	Yes No	NO	Yes No	NO	NO
Cystic Fibrosis	Yes No	NO	Yes No	NO	NO
Sickle Cell Anemia	Yes No	NO	Yes No	NO	NO
Lupus	Yes No	NO	Yes No	NO	NO
Miscarriages, still births, neonatal deaths	Yes No	NO	Yes No	NO	NO
High blood pressure, heart attacks or strokes	Yes No	NO	Yes No	NO	NO
Memory loss or dementia	Yes No	NO	Yes No	NO	NO
Osteoporosis	Yes No	NO	Yes No	NO	NO
Arthritis	Yes No	NO	Yes No	NO	NO
Allergies	Yes No	NO	Yes No	NO	NO
Blood diseases	Yes No	NO	Yes No	NO	NO
Diabetes (Specifically Type 1 or Type 2)	Yes No	YES/ GRANDMO THER	Yes No	WITH 50 YEARS OLD	NO

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/ Medication	Age at the time of passing
Thyroid issues	Yes No	NO	Yes No	NO	NO
Learning disabilities	Yes No	NO	Yes No	NO	NO
Seizure or epilepsy	Yes No	NO	Yes No	NO	NO
Depression	Yes No	NO	Yes No	NO	NO
Panic attacks	Yes No	NO	Yes No	NO	NO
Schizophrenia	Yes No	NO	Yes No	NO	NO
Bipolar Disorder	Yes No	NO	Yes No	NO	NO
ADD or ADHD	Yes No	NO	Yes No	NO	NO
Age-related issues	Yes No	NO	Yes No	NO	NO
Kidney problems / diseases	Yes No	NO	Yes No	NO	NO
Reproductive problems: i.e. endometriosis, hysterectomies, late-term miscarriages, etc.	Yes No	NO	Yes No	NO	NO
Vision/Sight/Eye Problems	Yes No	NO	Yes No	NO	NO